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Navy & Marine Corps Medical News (MN-00-22) - June 2, 2000

The Navy Bureau of medicine and Surgery distributes Navy and Marine Corps Medical News (MEDNEWS) to Sailors and Marines, their families, civilian employees and retired Navy and Marine Corps families.

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Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are placed in front of their names.

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Headline: Hospital Corpsman rescuers awarded Navy and Marine Corps Medal

By Lt.j.g. Gordon R. Blighton, MSC, Naval Hospital Cherry Point

CHERRY POINT, N.C. - Two hospital corpsmen were recently awarded the Navy and Marine Corps Medal for bravery while rescuing Eastern North Carolina civilians from flooded homes and on waterways during Hurricane Floyd.

Hospital Corpsman 1st Class Robert E. Brown and Hospital

Corpsman 2nd Class David C. Clipson, attached to Naval Hospital Cherry Point, N.C., received their award Sept. 16 in a ceremony that recognized the hospital corpsmen's dedication to duty.

While working in Marine Corps search and rescue helicopters flying into flooded areas surrounding Marine Corps Air Station, Cherry Point, N.C., Brown and Clipson together spent more than 16 hours in their planes making repeated airlifts of victims from washed-out homes, adrift automobiles, trees and other locations.

"We were just doing our job," said Brown. "Even though the people thanked us, they didn't have to. We were just glad to be there and help them."

Together the team lifted out about fifteen people who had been trapped in various locations in the raging floodwaters. As the helicopters made flight after flight during the day and throughout the night, the rescuers constantly searched for victims clinging to any kind of object in the flood-ravaged communities.

Both men were getting all the work they and their pilots could handle. Clipson said not only did they have to fight the water and darkness, but as the hurricane waned it left gusting winds that made rescues even more challenging.

For Brown and Clipson, it was a day and night of being hoisted onto boats, roofs and cars, among other stops, to carry adults and children to dry land. Clipson said that one victim was hoisted to safety after his vehicle was swept away by floodwaters. At another spot Clipson repelled from the helicopter to the roof of a flooded three-story home to haul a family of four through their attic.

And again their rescue efforts were much appreciated. "I received many hugs and words of appreciation," said Clipson.

As Clipson's long day ended, Brown's helicopter team took over for the evening and began its task of seeking people in the dark. Although everyone was wearing night vision headgear, it was still a night of dodging trees and power lines to pull individuals, families and pets from floating or partially submerged places.

"The pilots were just incredible," said Brown. Sometimes we had to hover about two feet from trees to rescue people. And this was while they were wearing their night vision goggles.

But the people rescued by Brown and Clipson were doubly lucky. Although most of the victims did not need major first aid, they had been rescued by well-trained hospital corpsmen who could tend to their injuries and calm their fears.

"A lot of people's lives were turned upside down by the hurricane," said Brown. They were scared, yet they were thankful we were there to help them."

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Headline: Great Lakes doctor brings life to space age medical technology

By Lt. Youssef H. Aboul-Enein, MSC, Naval Hospital Great Lakes

GREAT LAKES, ILL -- Many of us sat in front of the television enthralled watching the Star Trek series and marveled at how "Bones" healed wounds using a laser from a pocket-size emitter.

A member of Navy Medicine is bringing this type of technology to life in collaboration with the National Aeronautics and Space Administration (NASA). Cmdr. Harry Whelan, MC, a reservist drilling at Naval Hospital Great Lakes, who is also a pediatric neurologist at the Medical College of Wisconsin in Milwaukee, is researching methods to clot blood in zero gravity using technology developed in conjunction with NASA.

The Light-Emitting-Diode (LED) has been available for many years, but recently the research team developed LEDs that are three times brighter than the sun and have been altered to be medically-safe and at a near infrared wavelength. Wound healing in space

"Astronauts have to be very careful in space, minor injuries typically do not heal until they land," said Whelan. He said that a cells mitochondria (energy source) does not function as efficiently in zero gravity and this leads to a variety of risks to an injured astronaut.

The concept of the new technology is to boost the efficiency of the mitochondria by irradiating them with red and infrared light. This stimulates the cell to produce key chemicals called cytochromes. NASA, in collaboration with Whelan and an engineering firm based in Wisconsin, has developed an LED that illuminates cultured cells and causes fibroblasts and muscles to grow five times faster.

"[By] combining this with treating wounds in high-pressure oxygen chambers and various growth-inducing chemicals, we provide a routine way for space travelers and those aboard space stations to heal their wounds and prevent muscle and bone loss during extended times in outer space," said Whelan. Navy SEALs take an interest

Naval Special Warfare Command has also added their support to Whelan's research and the wound-healing potential of LED light.

"In isolated regions and in the world of unconventional warfare, injuries can potentially be quickly healed so the mission can be pursued," said Whelan.

The future may see a SEAL hospital corpsman with this technology shrunk to a hand-held apparatus to heal some battlefield injuries. Another option may equip an LED-machine on a helicopter and begin the healing process while the wounded Sailor, Marine or Soldier is enroute to a treatment facility.

Another potential application is aboard submarines, where crewmembers can use LED arrays to combat muscle atrophy during relative periods of inactivity. Lt. James Caviness, MC, went from Great Lakes to Commander Submarine Squadron ELEVEN, where he was able to have the technology deployed aboard USS Salt

Lake City (SSN 716) for field testing.

"Professional sports teams may also see this technology as a way to get players back on the field quicker," said Whelan.

Cancer Treatment

In May and August 1999, Whelan used this technology to treat brain cancer patients successfully here on earth. This led NASA to further fund the program.

Whelan has Food and Drug Administration approval to use the LED probe on a trial basis in the removal of children's brain tumors. Whelan's technique is to inject the patient's bloodstream with a light-activated drug, which attaches to and permeates unwanted tissues leaving surrounding tissues unaffected. Once activated by light the drug destroys tumor cells, leaving the tender brain stem tissues virtually untouched.

Navy Physician Inducted into NASA's Hall of Fame

At the National Space Symposium held in April, Whelan and his colleagues were inducted into the Space Technology Hall of Fame for their research putting LEDs into medical practice. NASA has already flown LED technology aboard several space shuttle flights to experiment with muscle regeneration.

When working at Naval Hospital Great Lakes, Whelan conducts dive physicals at USS TRANQUILLITY Branch Medical Clinic for recruits seeking a career in the SEALs, submarines or as an underwater diver.

The story was written with assistance from the National Aeronautics and Space Administration's Marshall Space Flight Center.

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Headline: Hypnosis not mind-controlling quackery
From Naval School of Health Sciences San Diego

SAN DIEGO -- For more than fifteen years the Naval School of Health Sciences, San Diego, Calif., through its academic department, has sponsored the use of hypnosis and hypnotherapy.

It has been a tool to assist staff, their dependents and students in stress management, weight control, smoking cessation, self-confidence, procrastination, concentration, memory, recall, test anxiety, removing learning blocks, among other uses.

As previously mentioned in a MEDNEWS article from the Naval Medical Center, Portsmouth, Va., hypnosis is not the sinister, mind-controlling thing that some individuals still think it to be.

The resident education psychologist at San Diego, Charles R. Hill, is a registered and certified clinical and educational hypnotherapist, certified by the American Council of Hypnotist Examiners and the United International Association of Hypnotherapists.

Hill said that hypnosis has nothing to do with medicine.

For hypnosis to be effective, clients must understand four things: 1) they must want to be hypnotized. 2) They must understand and have no fear of the process. 3) They must have the correct mental attitude. 4) They must feel comfortable with the hypnotherapist.

Hypnosis is a process and the process is virtually the same whether it is called clinical hypnotherapy, educational hypnotherapy or entertainment hypnosis. A master hypnotist or hypnotherapist will use tried and approved methods and their own techniques to guide an individual through the process.

The hypnotist has no special powers to jump into a person's mind and force them to do anything. To be certified as a clinical hypnotherapist or an educational hypnotherapist by an approved agency, one must undergo approximately 300 hours of classroom and hands-on training and must receive continuing education units annually to retain certification.

One is not required to have a college degree to be trained in the use of hypnosis. Over the years, the availability/use of this tool here at Naval School of Health Sciences has spread by word of mouth and the demands for this service have increased tremendously.

The Naval Medical Center San Diego uses the services of the education psychologist. Personnel in fleet activities and ships recognize the effectiveness of hypnosis in controlling compulsive behaviors such as weight control, smoking cessation, nail biting, stuttering, substance abuse, stress management, etc.

"Hypnosis is one way to achieve success today," said Hill.

For further information about hypnosis, contact crhill@nshs-sd.med.navy.mil.

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Headline: Youngsters learn about medical careers

By JO2 Duke Richardson, Naval Medical Center Portsmouth

PORTSMOUTH, Va. -- Their attentive eyes, framed by sterile blue caps and masks, revealed their excitement as children from Mount Hermon Elementary School participated in activities at the Naval School of Health Science's Career Day here May 19.

Eighty-five students from third to fifth grade had a unique field trip that allowed them to, among other medical adventures, perform simulated surgery on a patient while talking to a friend hundreds of miles away

For this career day event, hospital staff members were at medical science-based displays to demonstrate and explain a wide range of subjects ranging from taking ultrasound readings to learning about real-time communication with people in Florida and North Carolina using video telemedicine.

The children also received an introduction to various educational programs such as x-ray, pharmacy, and surgical

technician school. An added incentive to their learning experience was role playing during simulated surgery in operating rooms, dispensing prescriptions and taking x-rays.

The event gave children a chance to see contributions Navy hospital corpsmen make to Navy medicine and what it takes to be a hospital corpsman, according to Jill Kiefer, secretary of the Partners in Education Program.

"Our goal is to give the students the opportunity to know what corpsmen do in the Navy and to tell them what types of schools they have to attend and to instill in the children the desire to be good students so that they can succeed," she said. "This is just one of many programs in which we involve local schools to encourage children to study hard and get the most out of their education."

Bernard D. Griffin, Sr., vice mayor of Portsmouth, who was among other city dignitaries at the career day event, said the visit was an excellent chance for the students to learn new things and get new memories that would last a lifetime.

After the students visited all of the stations and had their fill of newfound scientific knowledge, they were then all treated to a hot dog picnic where they enjoyed a good dosage of sun and fun, capping off an eventful and fun learning experience.

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Headline: Charleston business practices earn facility Team Award
From Naval Hospital Charleston

CHARLESTON, S.C. - Naval Hospital Charleston, by applying sound business practices and astute management of resources, recently earned the Team Award from the Federal Executive Agency here. The award leads to the Vice President Al Gore Hammer Award for Reinventing Government.

In 1999 the staff of Naval Hospital Charleston faced unprecedented challenges. The methods of medical practice and staffing had been unchanged since the closure of the Naval Base in 1995.

An influx of more than 4,000 new Sailors and their family members would be moving to Charleston from Orlando, Fla., and they had to be incorporated into the health care system. Funding was tight and major leadership positions at the hospital had just changed the previous summer.

These were some of the challenges facing the hospital's leadership. Something had to change to ensure continued quality and timely service for the hospital's beneficiaries. The hospital's Executive Steering Council had some ideas: team building was emphasized, and internal partnerships were formed between the Executive Steering Council, medical staff and local union.

The command's goal was to expand healthcare services while using fewer resources and increasing quality and customer satisfaction. This would be accomplished by forming community partnerships and using community resources while maintaining local coordination of healthcare.

As the end result of this creative thinking and cooperation, a healthcare system has emerged that demonstrates a government agency working better and costing less. Inpatient services were moved out of the hospital and provided in partnership with a local civilian hospital.

The outcome was savings of \$1.7 million annually. The primary care system was improved with central appointment control. And primary care managers began working within established practice groups.

These measures resulted in a 50 percent increase in appointments available for central use, and those appointments 99 percent of the time met access standards. The hospital was able to increase access after a loss of 50 military billets and abolishing 46 civilian positions. These changes also resulted in a cost avoidance of \$2.7 million annually.

But this award was no one-time affair. The command also received the Department of Defense 1999 runner-up award for patient access in a community hospital - the only Navy hospital to receive the award.

While the accolades for smart business practices were being heaped upon Charleston, the Joint Commission for the Accreditation of Healthcare Organizations joined in. After the hospital's newly created ambulatory care center of excellence was inspected by the JCAHO, it was declared an industry benchmark for performance improvement.

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Headline: Health promotions award winners named
By Amy Patterson, Naval Environmental Health Center

NORFOLK, Va. - Thirty commands were recognized this year by the Naval Environmental Health Center for their efforts in telling people about healthy lifestyles.

Each organization received the Year 2000 Command Excellence in Health Promotion Award at the Gold Star, Silver Eagle or Bronze Anchor level.

The award, established in 1995, gives recognition to Navy and Marine Corps commands that have established comprehensive, population-based health promotion programs. What distinguishes each award is criteria such as resources, staff and development of each component of the program.

This year's award review committee established a fourth level of recognition, the Honorable Mention category, for those commands who submitted entries, but did not meet the minimum requirements for the Bronze Anchor award.

Gold Star awards:

Bureau of Medicine and Surgery
Naval Hospital Bremerton, Wash.
Naval Hospital Camp Lejeune, N.C.
Naval Hospital Charleston, S.C.
Naval Hospital Cherry Point, N.C.

Naval Hospital Okinawa, Japan
Naval Hospital Roosevelt Roads, Puerto Rico
Naval Hospital Rota, Spain
Naval Hospital Yokosuka, Japan
Regional Support Organization San Diego
Semper Fit Center Quantico, Va.
Shore Intermediate Maintenance Activity Mayport, Fla.
USS Boxer (LHD 4)
USS Carl Vinson (CVN 70)
USS Cleveland (LPD 7)
USS Enterprise (CVN 65).

Silver Eagle awards:

Branch Medical Clinic Iwakuni, Japan
Branch Medical Clinic Washington Navy Yard
Naval Ambulatory Care Center New Orleans, La.
Naval Ambulatory Care Center Newport, R.I.
Naval Hospital Lemoore, Calif.

Bronze Anchor awards:

Naval Dental Center Great Lakes, ILL.
Naval Dental Center Norfolk, Va.
Naval Hospital Great Lakes, ILL.
Naval Hospital Oak Harbor,
Naval Hospital Sigonella, Italy
USS Comstock (LSD 45).

Honorable Mention

MCCS Semper Fit Okinawa, Japan
Naval Ambulatory Care Center Kings Bay, Ga.
USS Belleau Wood (LHA 3).

Navy or Marine Corps commands needing more information about submitting award packages for Year 2001 should visit the NEHC homepage at <http://www-nehc.med.navy.mil>, or contact Sally Vickers at vickerss@nehc.med.navy.mil.

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Headline: Anthrax question and answer
From Bureau of Medicine and Surgery

Question: The Secretary of Defense announced his decision to vaccinate the force in December 1997. In his announcement, he noted that four "preconditions" would be met before the program was implemented. What were these four preconditions?

Answer: The four preconditions are:

(1) Supplemental Testing. Every lot in the 1997 stockpile will be FDA approved and supplementally tested for potency, purity, safety, and sterility. All lots in the original stockpile must pass supplemental testing to reconfirm the same standard required by the FDA when FDA released the lot earlier.
(2) Tracking System. Vaccinations are documented in medical records (Standard Form 601), on the PHS 731 (Yellow Shot Record), and entered into an electronic database, to ensure accurate tracking and record keeping. The Joint Staff, in

conjunction with the AVIP, is conducting worldwide audits of medical records and databases, to ensure accuracy and completeness of documentation.

(3) Service Implementation Plans and Communication Plans. The DoD AVIP and each of the Services (including the Coast Guard) developed detailed implementation plans. Each service also developed communications and education plans to guide program execution. Leader and health-care provider briefings were developed to ensure personnel are educated before beginning anthrax vaccinations. The briefings are required for all personnel. Joint Service work groups update and maintain currency of information within the briefs.

(4) Independent Review. Gerard Burrow, MD, currently Special Advisor for Health Affairs to the President of Yale University, who previously served as Dean of the Yale University Institute of Medicine, Vice Chancellor for Health Services of the University of California (San Diego), Dean of the School of Medicine of the University of California (San Diego), and Member of the Institute of Medicine, National Academy of Sciences, completed the independent review of the health and medical aspects of the Department of Defense anthrax vaccination program on 19 February 1998.

Summary: All four preconditions were met (with supplemental testing ongoing) and the Secretary of Defense approved implementation of the program on 18 May 1998.

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Headline: DOD awards dental services contract to United Concordia
From TRICARE Management Activity

WASHINGTON -- A new TRICARE Dental Program contract combines the TRICARE Family Member Dental Program that serves active duty family members and the Selected Reserve and Individual Ready Reserve Programs.

The Department of Defense awarded the contract to United Concordia Companies, Inc. The new contract improves benefits, lowers premiums and adds coverage for family members of the selected reserve and individual ready reserve.

"With this new TRICARE Dental Program contract, we have addressed some important concerns of our beneficiaries," said Dr. Sue Bailey, assistant secretary of defense for health affairs. "We will now offer a more uniform benefit across beneficiary categories and include our reserve component families. The new contract offers expanded and improved benefits, and it solves some problems associated with the TRICARE Selected Reserve Dental Program. We believe our beneficiaries will be pleased with this new dental plan and particularly happy that their cost shares will remain affordable."

The new program lowers premiums for the first two option years, compared to the current premium rates. Single premium rates for the first and second years will be \$7.63 and \$7.86 per month, respectively, compared to the current monthly rate of \$8.53. Family premium rates for the first and second years

will be \$19.08 and \$19.66, compared to the current monthly rate of \$21.33. The new rates become effective Feb. 1, 2001.

Enhancements to the benefit package encourage beneficiaries to use their dental benefits for increased diagnostic and preventive care, particularly for pediatric and adolescent oral health. The maximum allowance for annual general dentistry per patient has been increased from \$1,000 to \$1,200; and coverage for lifetime orthodontics per patient was increased from \$1,200 to \$1,500.

The new dental program provides coverage for general anesthesia and additional sealants, and it extends the age for orthodontic care from 18 to their 21st birthday (or their 23rd birthday if they are full-time students).

The new TRICARE Dental Program reduces cost shares for personnel in paygrades E-1 to E-4 for certain procedures. Amounts covered by the plan range from 50 percent to 100 percent, depending on the type of dental service. The family member is responsible for any remaining costs.

The TDP adds toll-free telephone lines for overseas users. It reduces the current 24-month lock-in time to 12 months, allowing additional eligible persons to enroll--especially reservists on active duty for limited periods. It also incorporates a contingency lock-in waiver for reservists called up for less than a year.

United Concordia will have access to Defense Enrollment Eligibility Reporting System (DEERS) information, which will enable it to handle enrollment functions, including web-based enrollments. Enrollees in the current TRICARE TFMDP and TRICARE TSRDP will be transferred automatically to the new TDP when it begins. Enrollment in the TDP is portable, voluntary and continuous.

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Headline: TRICARE question and answer
From Bureau of Medicine and Surgery

Question: What guarantees do I have that, as a TRICARE Prime enrollee, I won't just end up on the phone forever, waiting to make an appointment at the hospital or clinic?

Answer: Like many aspects of TRICARE Prime, performance standards have been applied to the central appointments system, which is available at most locations. We have arranged for enough phone lines and people to answer them to avoid patients waiting for unreasonable periods of time. If additional capability is still required, we will provide it. However, you will likely find busy signals and long waits a thing of the past.

For more information visit the TRICARE web site at <http://www.tricare.osd.mil>.

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Headline: Healthwatch: Sexually transmitted diseases still a threat, even at home
By Staff Sgt. Kathleen T. Rhem, USA, American Forces Press Service

WASHINGTON, May 31, 2000 -- Sexually transmitted diseases, also known as STDs, are a real threat to readiness, and service members and leaders need to do more to prevent their spread.

"A large percentage of the military population is sexually active young adults," said Bill Calvert, chairman of the DoD's STD Prevention Committee. "With 333 million new cases of STDs globally and 15.3 million new cases in the United States each year, our service members are certainly at risk for exposure to STDs."

Calvert said younger adults are at higher risk of being exposed to STDs, placing the military population at higher risk than the general public -- two to five times higher, according to the Navy Environmental Center, Norfolk, Va., in its recent paper on condom availability in the Navy and Marine Corps. "In time of military conflict the difference can be 50 times higher or more," the report said.

Calvert said service members routinely receive information about STD risks while serving overseas, but the subject is often overlooked in the United States.

"Service members need to be reminded there are risks here at home as well," he said. "I think we scare the daylights out of our service members in foreign ports and countries, but they think they're safe at home. Yet the U.S. has the highest rates of STDs among developed countries."

Public health officials have estimated STD infection rates in the United States to be up to 100 times higher than in other industrialized nations.

Compounding the problem, Calvert said, new STDs are emerging, and existing ones are becoming resistant to current treatments. In Hawaii, where one-third of all reported cases of gonorrhea come from the active duty population, Army health officials recently reported several cases of STDs not responding to treatment.

While most STDs are treatable, infection with human immunodeficiency virus is life threatening and directly impacts unit readiness. "HIV-infected service members are no longer deployable," Calvert said. "Replacing them with a new person who has not worked with the unit also hinders readiness."

But HIV isn't the only STD with long-term health consequences or impact on readiness. "Human papilloma virus has been associated with cervical cancer and other cancers. Even some curable STDs can have very serious side effects or permanent effects on reproduction," he said. "Other STDs certainly have emotional and economic consequences. The emotional consequences of somebody contracting an STD could impair their ability to do their job to the fullest."

Calvert also said many people are not aware that having an STD puts them at greater relative risk for contracting HIV. "Some STDs can cause lesions that provide openings for HIV infection," he said.

Experts agree the best way to treat disease is to prevent

it, and STDs are no different. The Centers for Disease Control and Prevention in Atlanta has said prevention is the most important strategy for controlling the spread of infectious disease, Calvert said.

To that end, he continued, the committee is working with the services to increase availability of male and female condoms, products that have been proven to protect against STDs. The committee also is working with the service exchange systems to encourage people to purchase disease-prevention products by keeping prices as low as possible.

"We're working with the medical community, health-promotion community, STD clinics, and even individual commands to purchase condoms as part of a comprehensive prevention program," Calvert said. That program, he said, includes education, and information on abstinence, monogamous relationships and reducing the number of sexual partners. "We'd like to provide condoms, much like we do hard-hats or earplugs, as protective equipment to keep our troops safe," he said.

While abstinence or sex with a mutually monogamous, uninfected partner are the surest ways to cut one's risk of STD infection, Calvert acknowledged that encouraging these practices won't eliminate STDs. "If people are engaging in sex, telling them to stop is not going to work. But using condoms helps," he said. "Rather than just saying, 'Use them,' we're trying to provide the support by making them easily available."

Providing condoms has been an emotionally charged issue, with much national debate on the subject as schools around the country consider doing so. Calvert said many studies have shown distributing condoms doesn't increase sexual activity, but it does cut down on disease transmission.

"I don't want to bring up a debate about promiscuity," Calvert said. "This is not high school or junior high school. We're dealing with adults, and adults have the right to choose. We sell alcohol, we sell tobacco, but we also educate about the dangers of alcohol and tobacco."

Recent DoD studies have shown that the vast majority of service members understand how HIV is spread, yet only 42 percent reported using condoms during their last sexual encounter. "There seems to be a disconnect between what they know and what they're doing," Calvert said of service members. Officials hope increasing condom availability will reverse this trend.

Calvert also said military culture makes people more susceptible to risky behavior, noting that risk-taking is a common thread among successful service members.

"We want young service members who are risk takers. They work hard and they play hard," he said. "We're talking about people who jump out of planes for a living. We're dealing with young adults, many of whom are away from home for the first time, and you can't put chastity belts on them."

He said the military likes its members to be "eight feet

tall and bulletproof," and it's the leaders' challenge to temper that and teach them the risks of unsafe sex.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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